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DAN SMOOT

TAMPERING WITH THE MINDS OF OUR CHILDREN

In 1957, the Ciba Company of New Jersey began marketing a drug called Ritalin (Ciba brand name for methylphenidate Hydrochloride), to be used as a stimulant for adults.[1]

The Federal Bureau of Narcotics classifies Ritalin as a "control" drug, potentially habituating or addictive. The United States Food and Drug Administration has urged physicians to exercise extreme caution in prescribing Ritalin, because of the danger of addiction and because its side effects include marked anxiety, tension, and agitation. The drug has been outlawed in Sweden.[2]

In the 1960's, psychologists discovered that Ritalin, advertised as a *pep* pill for *adults*, works on the central nervous system in *children*, with a *tranquilizing* effect. By the late 1960's, Ritalin was being used widely as a personality-changing, mind-controlling drug on small school children (generally, five and six-year-olds in kindergarten and first grade). Although called a "smart pill," useful in combatting a variety of learning disabilities in children, Ritalin is used primarily to pacify "hyper-kinetic," or over-active, children who are "problems" in classrooms.

By the end of the 1960's, the use of Ritalin and other drugs on school children was causing heated controversy in some major cities.

On November 7, 1969, the *Detroit Free Press* published an article by staff writer Robert Kraus, who had investigated the use of drug therapy in Detroit-area schools, where, according to one school official, "hundreds of children were taking Ritalin."

School officials generally seemed to approve the use of drugs on hyper-active school children. For example, George Hallock (director of special education in the public schools of Birmingham, a Detroit suburb) said:

"There are some children that are so responsive to external stimuli that they cannot focus at all on significant things. Everything that goes on in the classroom has an equal interest for this child.

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Up to recently, there was very little a teacher could do. Without Ritalin, dozens of children would not be able to take part in the learning experience at all."[1]

Other authorities expressed grave concern.

Dr. John Dorsey, a Birmingham pediatrician, said:

"Here we are trying . . . to combat increased use of drugs in adolescents, and the schools are recommending that kids be put on this personality-changing drug at the age of five and six."[1]

One Detroit psychiatrist said:

"If a kid kicks his desk once now, they start giving him Ritalin."[1]

Dr. Ralph Rabinovitch, psychiatrist at Hawthorne Children's Center, said:

"There's no doubt that the rampant use of this drug in children can lead to the use of other, stronger drugs in the future.

"The child will adjust to problems by reaching for a pill, and it will just go on and on."[1]

Fritz Redl, professor of behavioral science at Wayne State, said:

"Ritalin and related drugs are just one more threat in the continuing chemical warfare we are waging on our children."[1]

On June 29, 1970, *The Washington Post* published an article by Robert Maynard, who had investigated a drug-therapy program in the schools of Omaha. According to Maynard, Dr. Byron B. Oberst (Omaha pediatrician) initiated the program after attending a seminar at Syracuse University in December, 1968. Having heard prominent physicians describe positive results achieved by using such drugs as Ritalin and Dexedrene on "problem" students who constitute "eight to ten percent" of the student population, Dr. Oberst took the word to doctors and school officials in Omaha.

Drug therapy is not considered a school project in Omaha. Schools do not require it, and keep no records on treatment. However, it is usually a teacher who first identifies a "problem child." When classroom behavior or performance of a child indicates to the teacher that drug-treatment is needed, the teacher suggests that parents take the child to a doctor. If they cannot afford to buy prescribed drugs, they can get them free.

No one knows how many Omaha school children are taking behavior-modification drugs. The only records are confidential files that doctors keep on their own patients.

The Washington Post interest in the Omaha situation apparently originated on June 15, 1970, when "Miss Mary J. Harris, a black militant leader," accused teachers at a predominantly Negro elementary school of trying to drug Negro children into quiet submission.[3]

Don Warner (assistant superintendent of Omaha public schools) denied that the program was only for the poor or for Negroes. *The Washington Post* quoted him as saying:

"It's all over the city. There are at least some kids on these drugs in just about every school."[2]

Others besides Negroes have serious misgivings about the drug program in Omaha schools. The *Post* says some school personnel confidentially express fear that Omaha is raising "a generation of junkies and speed freaks."

According to the *Post*, some Omaha doctors are also concerned about the possible addictive qualities of behavior-modification drugs being prescribed for children, but they too choose to remain anonymous.

Miss Rena May Gibson, supervisor of health services in Omaha public schools, defends the use of behavior-modification drugs on children by saying simply, "It makes them happier."[2] Dr. Byron B. Oberst — the pediatrician who initiated the program emphasizes that problem children "are definitely happier" when given behavior-modification drugs.[2] He says:

"Ritalin increases the ability to concentrate.

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How it works is still the sixty-four dollar question. On any of these [behavior-modification drugs], even Dexedrene, nobody precisely knows the mechanisms of how they function. But at the other end of the line, we know these children become more successful. They become more self-confident."[2]

Asked what side effects Ritalin produces in children, Dr. Oberst said:

"The same as Dexedrene. It might agitate them. Some lose their appetites, some have trouble dropping off to sleep. Those are the major ones. If a child loses his appetite too much on Ritalin, we would go to Dexedrene."[2]

By November, 1969, the Omaha school administration was plagued with problems growing out of the drug-therapy program. Elementary school children were walking around with dangerous drugs in their pockets and lunch boxes.[2] *The Washington Post* quotes assistant school superintendent Don Warner as saying:

"They were trading pills on the school grounds. One kid would say, 'Here, you try my yellow one and I'll try your pink one.'"

Parents asked the schools to take responsibility for dosages of drugs that children get while at school. This, however, would bring the school system into conflict with state laws that prohibit school personnel from administering drugs to children. School officials turned to the Omaha Medical Society for help.

In March, 1970, the society agreed to ask its members, when prescribing drugs for children, to prescribe, if possible, long-acting drugs that children could take at home under parental supervision, and not need to take at school. When prescribing drugs to be taken during school hours, doctors were asked to send instructions to the schools so that dosage could be supervised by school personnel.[2]

But, the society points out, responsibility for giving drugs to school children still rests with parents.

When the Omaha story was first publicized in *The Washington Post*, John M. Ashbrook (conservative Republican Congressman from Ohio) and Cornelius E. Gallagher (liberal Democrat Congressman from New Jersey) both expressed concern. Gallagher called the use of mind-control drugs on school children an "outrage against fundamental human values," and said that the House subcommittee on the Right To Privacy (of which Gallagher is chairman) would investigate to determine whether tax money from the federal government has been "used in this monstrous project."[4]

Gallagher's subcommittee will hold hearings on this matter in September. Meanwhile, his office has no precise information to release. Reports from Washington indicate, however, that the subcommittee has been flooded with complaints from parents reporting other cases involving the use of drugs on school children; and the controversy is nationwide.[5]

The National Disease and Therapeutic Index of the National Institute for Mental Health indicates that about 200,000 children in the United States are using prescribed behavior-modification or personality-changing drugs. Mostly, they are hyper-active children who need calming down.[3] Other estimates of the number of elementary school children on these drugs range upward to 825,000.

Officials of the National Institutes of Health say that NIH grants of federal tax money subsidize projects in which hyper-active children are studied and treated with drugs. The officials say that positive results have been obtained in every area tested, and that the over-all cost to date has been about $1 million.[6]

Congressman John M. Ashbrook says:

"The use of drugs as a behavior-modification vehicle is open to serious question. In recent years, complaints have been lodged by parents . . . concerning some of the programs to which their children have been exposed in the schools. Extremes in sex education, sensitivity training, and other experimental programs have raised a

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clamor of protest . . . and taxpayers are asking just how much of their taxes, through Federal funding, is furthering these programs . . . ."[7]

Drug-therapy programs for school children are not yet "compulsory" in Omaha or anywhere else. But for many parents — who are poorly informed, gullible, or easily intimidated by authority — there is little difference between compulsory programs and voluntary programs approved by the schools. Teachers have a high potential for inducing parental decision concerning children, when the decision requires nothing but assent to what the teachers recommend. It may be, as indicated, that militants in Omaha are dishonestly trying to make a "racist" issue of the drug-therapy program. But none of this is pertinent to the real question —

Should there be a drug-therapy program for problem children in public schools?

The primary reason for giving drugs to small children is that it imparts a sense of well-being. That is also the primary reason why all addicts take drugs: drugs induce a sense of euphoria that nothing else gives. When you teach a child to seek self-confidence by taking happy pills, how can you keep him from seeking it later on by using marijuana, LSD, heroin? How can such children grow into healthy, stable adulthood?

The practice of using school children as clinical guinea pigs should be stopped. But the practice is so powerfully supported, and plans for the future so elaborate and well-laid, that there is probably only one way out — and that is, to abolish compulsory, tax-supported government schools.

NEXT WEEK: Future plans for drugging school children

POLITICS

Many constitutional conservatives despair of ever implementing their ideas politically by electing good candidates to important political office. But it can be done. In several states this year, third-party groups (under various names — American Party, American Independent Party, Constitutional Party) have managed to get on the ballot and select fine candidates. In some states, the best candidates are Republican; and in some, Democrat.

Though we desperately need a national new party, unequivocally committed to constitutional principles, the need this year is to elect *constitutional conservatives*, whatever the party label. I cannot list *all* of the good candidates — and cannot list *some*, without possibly harming those I omit. Hence, I urge each of you this year, in your own state, to find out what candidates are seeking *your* vote. Without regard to party label, support those who stress that they are *constitutional* conservatives, and whose platforms and statements reveal an understanding and respect for constitutional principles.

FOOTNOTES

(1) "Drug Is Called Peril to Pupils," by Robert Kraus, *Detroit Free Press*, Nov. 7, 1969

(2) "Omaha Pupils Given 'Behavior' Drugs," by Robert Maynard, *Washington Post*, June 28, 1970

(3) "Amphetamines — Treatment for Fidgety Kids?" *National Observer*, July 6, 1970

(4) *Congressional Record*, June 29, 1970, p. H 6166

(5) Paul Scott column, Tulsa *Daily World*, July 22, 1970

(6) " 'Pep Pills' For Youngsters," *U.S. News & World Report*, July 13, 1970, p. 49

(7) *Congressional Record*, July 2, 1970, p. E 6249

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